

CALIFORNIA CONSERVATION CORPS**Executive Office**

1719 24th Street, Sacramento, CA 95816
 (916) 341-3100 FAX (916) 445-1007
 www.ccc.ca.gov



CCC Scholarship Student Cost of Attendance

PART 1: To Be Completed By Student

Requesting for term of: ☐ Fall 20____ ☐ Spring 20____ ☐ Summer 20____

School Name _____ Address _____ City/State/Zip _____ Fax Number _____ Phone Number _____ Contact Person _____	Student's Name _____ Address _____ City/State/Zip _____ SSN _____ Phone Number _____
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I authorize the release of my Cost of Attendance information to the California Conservation Corps (CCC).

Signature _____ Date _____

PART 2: To be completed by Financial Aid/Scholarship Office or Equivalent

Student is enrolled for _____ credit hours in the ☐ Fall 20____ ☐ Spring 20____ ☐ Summer 20____ term.

Course of Study _____

Expenses Per Term:

Tuition & Fees	\$ _____
Books/Supplies	\$ _____
Room/Board	\$ _____
Personal	\$ _____
Transportation	\$ _____
Childcare	\$ _____
Miscellaneous	\$ _____
Other _____	\$ _____
_____	\$ _____
_____	\$ _____

Expenses (Per Term) \$ _____

Student is making satisfactory academic progress (please circle one – N/A is for new students)

N/A YES NO (If no, please comment)

COMMENTS: _____

Signature of Authorized Official _____ Date _____

Printed Name: _____ Title: _____

E-mail: _____